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UNITED STATES ARMY
HEALTH CARE STUDIES
AND

CLINICAL INVESTIGATION ACTIVITY

ESTABLISHMENT OF A SEPARATE OPTOMETRY SERVICE AT
TRIPLER ARMY MEDICAL CENTER

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HR89-006

July 1989

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ESTABLISHMENT OF A SEPARATE OPTOMETRY SERVICE AT TRIPLER ARMY MEDICAL CENTER

Purpose

The National Defense Appropriations Act for Fiscal Year 1988 required the establishment and evaluation of a separate Optometry Department at an Army installation (see Appendix 1). The separate Optometry Service was established at Tripler Army Medical Center on 1 May 1988. An implementation plan and evaluation program were required. This study will detail the implementation plan (Appendix 2) and evaluation of the separate Optometry Service (Appendix 3).

Background

This report concerns utilization of optometry in the civilian and federal health care sectors. It will be concerned with the following areas:

- a) Utilization of optometrists in the Federal sector
- b) Precedents for separating Optometry from Department of Surgery/Ophthalmology
- c) Retention of non-physician health care providers.

Utilization of Optometrists in the Federal Sector

In June, 1978, the Comptroller General released a report "Role and Use of Optometry in the VA Need Improvement." The report documented the Veterans Health Care Expansion Act of 1973, Public Law 93-82, which authorized the establishment of the position of "Director of Optometry within the VA Department of Medicine and Surgery. The act authorized the VA to develop and carry out programs of education and training of health manpower. In Senate Report number 94-1206 (1976), the Senate Committee on Veterans' Affairs reported that the number of optometrists employed by VA was substantially below what would be expected based on the demographic characteristics of the eligible VA population.

A survey of VA eye clinics (1983) summarized responses from 168 VA stations. The responding VA Ophthalmology staff was 372 full-time equivalents and 93 Optometry staff full-time equivalents. Of those reporting, 26 stations needed more Ophthalmology coverage, while 66 stations needed more Optometry coverage. Some 73 stations had both Optometry and Ophthalmology sections; the staff cooperation reported between the staffs was very good. VA Optometry sections had increased the type, scope and quality of their station's eye/vision care. Timely and appropriate referrals were made by the VA Optometry staff to Ophthalmology. The ratio of VA ophthalmologists (372) to optometrists (92) was significantly different from the Department of Defense (DoD) ratio of 220 DoD ophthalmologists to 546 DoD optometrists.

Shipp and Talley (1988) reported the results of a 1987 survey of military optometrists which documented their utilization, roles, and attitudes. Of the 490 questionnaires sent, 376 usable survey responses were received (79%). Most respondents were assigned to hospitals (50.2%) or branch clinics (31.0%). The distribution of immediate supervisors showed significant differences between the service branches. Of the Army respondents, 40.1% had optometrists as supervisors. Most of the respondents (92.5%) were primarily involved in clinical activities.

Precedents for Separating Optometry From Department of Surgery/Ophthalmology

The Comptroller General report (1978) "Role and Use of Optometry in the VA Need Improvement" recommended the expansion of the role and number of optometrists in the VA health care system. Public Law 94-851 authorized an Optometry Service within the VA Department of Medicine and Surgery. VA Circular 10-81-261 (1981) states that at the VA health care facility level, the Optometry section is responsible to and reports to the Chief of Surgery. If there is not a Chief of Surgery at the health care facility, the Optometry section reports to the Chief of Staff.

Retention of Non-physician Health Care Providers

A variety of reports (Giroux, 1978; Legler, 1976; Turner, 1976;) document that low morale has been a persistent problem for military optometrists. Williams (1987) found Army optometrists reported high levels of dissatisfaction with opportunities for promotion.

The DoD Task Force on Non-physician Health Care Providers has been interested in the morale of the non-physician health care providers. A Defense Audit Service report (Meling, 1982) interviewed many military clinical psychologists, optometrists, pharmacists, podiatrists, and physician assistants. There were significant morale problems noted. There was a need for more professional recognition (particularly of psychologists). There were limitations on the scope of practice (mostly affecting psychologists and optometrists who could not practice independently in the military), limited promotion opportunities, pay inequities, difficulties obtaining command and management experience, and perceived irrelevance of administrative duties.

OBJECTIVES

The study objectives are to (1) develop an implementation plan for organizing the Optometry Services and (2) develop and conduct an evaluation of the effects of the separate Optometry Service.

METHOD

Overview

Missions, personnel, and organizational structure were defined for the Tripler Army Medical Center (TAMC) Optometry Service. Productivity measures were examined. Quality measures of complaints, staff satisfaction, patient satisfaction, access, and external/internal quality review were conducted.

Procedure

Surveys were developed to determine (1) information about the clinic missions, personnel, and organization; (2) productivity measures of workload; (3) quality measures of staff satisfaction and patient satisfaction. The staff satisfaction and patient satisfaction surveys were administered during each quarter. Open ended questions were used to compare retrospectively how the services operated before becoming separate and after establishment of the separate Optometry Service. Ophthalmology staff members were surveyed for comparison as well.

FINDINGS

Optometry Missions, Personnel, and Organization

The overall mission of the Optometry Service at Tripler Army Medical Center is to support the Department of Primary Care and Community Medicine. The Optometry Service functions are to 1) provide optometric diagnosis, care, treatment, and proper medical referral of patients; 2) operate two clinics: one at Tripler AMC and one at Schofield Barracks; 3) provide clinical and consultative services; 4) provide professional training as directed to include operation of Teaching Affiliation Program; 5) provide consultative services to Preventive Medicine and Safety Office in support of occupational Safety Vision Program; 6) provide optometric evaluation and coordination with Navy and Air Force Optometry Services; and 7) prepare and submit records and reports. See Figure 1 for the Optometry Services Table of Distribution and Allowances (TDA). A discussion of the missions and personnel follows.

Training Mission

During FY 88, three optometrists were sent TDY to obtain continuing medical education (CME). Financing for the optometrists from Schofield Barracks was provided from the US Army Health Clinic, Schofield Barracks, TDY funds. Funding for the optometrist from Tripler was provided from Ophthalmology/Department of Surgery funds.

During FY 89, CME for Tripler clinic will be funded by the Department of Primary Care and Community Medicine. The Schofield clinic, which is part of the Department of Primary Care, will be funded out of the US Army Health Clinic, Schofield Barracks TDY funds.

Both Optometry clinics participate in a senior Optometry Student program with three colleges of Optometry. The average number of externs/interns at the TAMC clinic is one and at the Schofield clinic is two. Interns check with one of the staff optometrists before final disposition and release of each patient.

The average optometrist teaching/supervision time is ninety minutes/student/day (three students equates to 22 hours/week). The 22 hours represents about 12% of the optometrists' clinic time. The additional productivity of the students is worth the trade off in time spent in teaching and supervision.

Formal lecture time is minimal. Optometrists may present one or two times each year for a maximum of two to three hours total. Informal lecture time (such as clinic in service training for the Optometry staff) averages 15 hours/year/optometrist.

Readiness Mission

None of Optometry's budget is spent directly supporting the readiness mission. One optometrist is PROFIS to the 45th Support Group; he is assigned to the Schofield clinic. Another optometrist and one 91Y eye specialist are assigned to the 25th Infantry Division, though they work at the Schofield clinic.

Personnel

Of the five Army optometrists in Hawaii, two are assigned to Tripler, two to Schofield Barracks, and one is assigned to the 25th Infantry Division. Figure 1 displays the current TDA for Optometry.

Accreditation

The Tripler and the Schofield Optometry clinics are accredited by JCAH. Both clinics are accredited by the American Optometric Association's Council on Clinical Optometric Care (CCOC). The last accreditation visit by the CCOC was September 1988.

Productivity Measures

Patient Administration Systems and Biostatistics Activity, HSC (PASBA) extracted workload measures from the MED 302 reports for inpatient visits and outpatient visits for calendar years 1987, 1988, and 1989. Table 1 reports the monthly productivity data extracted from the MED 302 reports for the Optometry Service. In addition, Optometry workload is measured by "Optometry Work Units." Clinic visits are broken down into "patient visits" and "limited visits." "Patient visits" involve the optometrist, while "limited visits" receive care from the technician. Table 2 documents monthly productivity measures maintained by the Tripler and Schofield clinics.

Quality Measures

Quality measures were identified as complaints, staff satisfaction, patient satisfaction, access, and external/internal quality review. Measures of staff satisfaction were conducted using survey instruments (see Appendix 4 for the retrospective survey used with the Optometry staff, Appendix 5 for the primary survey instrument used with the Optometry staff, and Appendix 6 for the Ophthalmology staff instrument) and of patient satisfaction (see Appendix 7). The surveys were administered each quarter. Staff turnover was documented. Interviews on site with staff and support personnel were conducted by COL Pinson, Optometry Consultant for HSC, and COL McFarling, Chief Health Care Studies and Clinical Investigation Activity.

Complaints

Documented complaints were few. From October 1987 to January 1989, four complaints were filed against the Tripler clinic. The complaints were for waiting time and not being able to obtain elective contact lens care (an elective service which is not available). At Schofield, seven complaints were filed during the time period. The issues were waiting time or not being able to receive elective services which were not available. The Army wide shortage of optometrists and the inadequate staffing level of the clinics for the populations served to contribute to the complaints. There were no malpractice claims filed against the Optometry Services.

Staff Satisfaction

Descriptive statistics were calculated for the survey items. Comparisons were made between Staff and Assistants/administrative support personnel, Tripler versus Schofield Barracks clinics, the four administrations of the survey (see Tables 3 and 4), and between the Ophthalmology and Optometry staffs (see Table 5). Open ended questions were asked to compare retrospectively how the Services operated before becoming separate and also how the Services operated after the separation.

Optometry Staff Satisfaction

Responses to the 7-point Likert scale items were examined for overall levels of satisfaction. Analyses showed that the Optometry staff was most satisfied with the "emphasis on providing quality patient care," having the support of their co-workers and supervisor, "the extent the staff know what is expected of them daily," and "having colleagues available for professional growth and development." The issues with the lowest levels of satisfaction included "the availability of adequate support personnel," "Obtaining licensure/certification while on active duty," "the extent the physical surroundings contribute to staff satisfaction with the work environment," and "the extent staff receives cooperation from other departments."

Comparisons were made between the responses of the Optometry Staff and the Assistants/Administrative staff on the Likert scale items. There were significant differences between the groups on "the extent of positive attitudes toward the military in general" with the Assistants/Administrative staff being significantly less satisfied. There was a significant difference between the four survey administrations for "the availability of adequate support personnel"; there was a general increase in level of satisfaction with each successive administration.

Optometry Under Ophthalmology

Responses to the open ended question retrospectively describing how the Optometry Service operated before becoming a separate Service were recorded. The Optometry Staff felt they were not accorded professional respect or recognition. Inequities were perceived in terms of the availability of clerical, administrative, and support personnel, TDY funding, supplies and equipment, continuing education, physical facilities, ratings chains of ophthalmologists rating optometrists, and administrative procedures. The Optometry staffs' perceptions were that the ophthalmology staff was not as supportive as they could have been.

Separate Optometry Service

After the separation occurred, respondents from the Optometry Service felt they had significantly more control over their own resources, equipment, funds, and missions. The morale was perceived as greatly improved, particularly for those who had been at Tripler and previously worked under Ophthalmology. The Optometry Service established a Quality Assurance program which was felt to be thorough and comprehensive. With successive surveys, the overall levels of staff morale were perceived to increase. Significant personnel turnover, lack of replacements, and personnel leaves were notable during the test period.

There were several remaining major dissatisfiers; these included the co-location of the Tripler Optometry clinic with Ophthalmology, the inadequate sharing of administrative/clerical services personnel, perceived inequities in the distribution of resources and floor space. The Optometry personnel may not be exposed to the broader diversity of cases and treatment experiences which might be available in Ophthalmology. Adequate support personnel and staff must be provided along with the physical facilities and resources to support them.

The relationship of the Optometry staff with Ophthalmology appears good at the personal level, but cool at the organizational level. Cooperation on professional cases continues. Tensions are present. The Optometry staffs are gaining confidence in their abilities and enjoying more control over their own personnel and resources.

Ophthalmology Staff Perceptions

The Ophthalmology staff was concerned that the enlisted technicians working in Optometry would not be using all the skills for which they were trained. The relationship of the Ophthalmology staff with the Optometry staff was perceived as strained. Some of the Ophthalmology staff perceived having two chiefs in the same area at Tripler was disruptive. The lack of technicians, the over-burdening of secretarial and support personnel, the lack of adequate equipment, and the lack of adequate examining rooms were noted. The sharing of facilities and support personnel at Tripler was having adverse effects on the Ophthalmology staff morale.

For the Ophthalmology staff, if the Optometry Services were to continue being separate, the personnel and resources should be placed in one facility (Schofield Barracks). As far as Ophthalmology is concerned, the Optometry Service needs to be located where most of the patients come, and where most of the optometrists are assigned, Schofield Barracks.

Future Expectations for Separate Optometry Services

The open ended question for expectation in the future showed much optimism and hope. The Staff expected to feel professionally respected and well utilized. Expectations were to have more administrative control over fiscal support, support personnel, TDY funding, supplies and equipment, physical facilities, continuing education programs, professional recognition, and respect. The separate Services were expected to enhance the optometrists' self image and professional pride. The autonomy should provide opportunities for self determination, professional growth, control over professional career, and more avenues for advancement. There was an expectation for more time being spent in administrative duties and hospital committee meetings. The Assistants/ Administrative staff were concerned about future workload and requirements without additional support personnel. Work levels were projected to increase. Staff cohesion and morale are expected to increase. This was confirmed with successive administrations of the staff satisfaction survey.

Patient Satisfaction

Overall, the level of patient satisfaction reported at both Services was excellent. Patients reported being very satisfied with "the care provider," "the overall care received," "the explanation of the medications," "the answers to questions," "the concern for privacy," and "the explanation of the treatment/follow-up." Patients reported less satisfaction with "The parking facilities" and "The directions within the hospital area." The patient care services provided were reported as generally very satisfactory.

There were significant differences between the two facilities, with patients reporting being more satisfied with the patient care services provided by Tripler. However, patients were less satisfied with Tripler for "the parking facilities" and "the directions within the hospital area."

There were significant differences in the demographics of the patient populations using Optometry Services. At Tripler, 99% had scheduled appointments in contrast to 74% at Schofield Barracks. At Schofield Barracks, active duty soldiers constituted 62%, while only 47% were active duty at Tripler.

There were differences as a function of category of beneficiary. Active duty soldiers were least satisfied with "the appointment personnel," while the retirees were most satisfied. Active duty soldiers were least satisfied with "the waiting time to obtain an appointment," while the retired and retired dependents were most. The retirees were most satisfied with "the concern for privacy" and least satisfied with "the parking facilities."

Access

The waiting time for appointments was documented, with demand exceeding the available supply. The appointment booking times varied between the clinics depending upon the category of beneficiary, when the booking was made, and the hospital appointment policy at the time.

Cat Benfcy	Date Booking Made					
	Oct 87 to May 88		May 88 to Oct 88		Nov 88 to Jan 89	
	TAMC	Schfld	TAMC	Schfld	TAMC	Schfld
Act Duty	7 days	10 days	4 days	10 days	4 days	6 days
Occ Hlth	10 days	14 days	7 days	14 days	7 days	12 days
AD Dep	>2 mons	4 weeks	2 mons	3 weeks	1 mons	2 weeks
Retired	>2 mons	4 weeks	not seen	not seen	3 mons	not seen

Certificates of non-availability were not issued.

External/Internal Quality Review

An internal peer review is conducted monthly. At least 5% of the medical records of all patient visits at both clinics are reviewed for quality assurance. There were no major deficiencies. No cases have been referred to the Tripler AMC or Schofield Quality Assurance Committees.

In September 1988 the Council on Clinical Optometric Care from the American Optometric Association did an on site accreditation survey of both the Tripler and Schofield Optometry clinics. This was a renewal visit of previous surveys. The Optometry clinics are part of the JCAH reviews and IG staff inspection visits. No problems were reported.

DISCUSSION

In examining the workload reported in the MED 302 reports, it was noted there were trends toward decreased productivity in the number of outpatient visits reported between May and September 1988. The decline is due to changes in the number of optometrists available to provide patient services and to changes in central appointment system policies for categories of beneficiaries. When more optometrists became available, the workload increased. Optometry developed some innovative measures for assessing the workload it accomplished. The development of a separate Quality Assurance program for Optometry was also significant.

The separate Optometry programs were organized as a Service rather than as a Department. There were several factors which affected the decision to create a Service; these included the small number of personnel involved, the costs of running and administrating a Department rather than a Service, and the restriction that no additional support personnel were available.

Physically separate Optometry Sections or Clinics exist at several MEDCENS and MEDDACs. Co-locations with Ophthalmology exist as well. The co-location at Tripler was problematic for both Ophthalmology and Optometry; staff dissatisfaction about sharing of facilities and personnel was evident. At Tripler AMC, the Optometry Service should have adequate resources and personnel to support the mission. The clinic locations should be determined by the populations served; at Tripler, this means two locations as there is a significant difference between the populations served and because of the distance between the main hospital and Schofield Barracks.

While administratively under Ophthalmology, the Optometry staff perceived itself as not being professionally recognized or utilized to its fullest capabilities. Inequities were reported with respect to professional recognition, availability of support personnel, TDY funding, supplies and equipment, and administrative procedures. There were limitations on the scope of practice. Historically, these same issues have been significant sources of dissatisfaction for optometrists (Meling, 1982).

The Optometry staff has the opportunity to manage its own resources and prove its capabilities. The staff can provide more primary eye care services and refer the more complex cases for specialized treatment. Patient care should be improved. Optometrists will benefit from the experience gained from planning and managing their own facilities and career progressions. The confidence in their own abilities seemed to increase with successive staff satisfaction surveys. Retention of military optometrists may be enhanced.

The reorganization as a separate Optometry Service is expected to provide greater autonomy and control to the Optometry staff. The scope of practice will probably expand. The separate Service will allow optometrists to obtain command and management experience. Control over support personnel, TDY funding, supplies and equipment, continuing education programs, and administrative procedures should be enhanced. The self image and professional pride of the optometrists will increase, as will their professional recognition. The relationship with Ophthalmology will change as the staff professionals define their roles and gain additional experience working together. Optometry will have to continue to prove its unique capabilities and contributions.

RECOMMENDATIONS

The test has shown that a separate Optometry Service can function well at Tripler Army Medical Center. It is recommended that the separate Optometry Service at Tripler be made permanent. Where appropriate, other separate Optometry Services should be established to support optometric missions.

Figure 1

Optometry Service Table of Distribution and Allowances
Tripler Army Medical Center

PARA	LINE	DESCRIPTION	GR	MOS	BR	STRENGTH REQ	AUTH
306B	00	W07C15 OPTOMETRY SECTION					
306B	01	C, OPTOMETRY	05	68K00	MS	1	1
306B	02	OPTOMETRY OFF	03	68K00	MS	1	1
306B	03	OPTOMETRY OFF	03	68K00	MS	2	0
306B	04	EYE SP	E4	91Y10		1	1
306B	05	EYE SP	E3	91Y10		1	1
306B	06	OPTOMETRY TEC	04	00699	GS	1	0
		PARAGRAPH TOTAL				7	4
409H	00	W07C01 OPTOMETRY SECTION					
409H	01	C, OPTOMETRY	03	68K00	MS	1	1
409H	02	OPTOMETRY OFF	03	68K00	MS	2	1
409H	03	EYE SP	E5	91Y20		1	1
409H	04	EYE SP	E4	91Y10		1	1
409H	05	EYE SP	E4	91Y10		1	0
409H	06	EYE SP	E3	91Y10		1	1
409H	07	EYE SP	E3	91Y10		1	0
409H	08	MED CLK-TYP	04	00679	GS	1	1
		PARAGRAPH TOTAL				9	6

PARA 306B/409H MOVED TO NEW PARA 400 - DPCCM

Table 1

MED 302 MONTHLY WORKLOAD FOR OPTOMETRY
PREPARED BY
PATIENT ADMINISTRATION AND BIOSTATISTICS ACTIVITY (PASBA)
HEALTH SERVICES COMMAND

MONTH

TRIPLER AMC:

<u>CY 1987</u>	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>	<u>05</u>	<u>06</u>	<u>07</u>	<u>08</u>	<u>09</u>	<u>10</u>	<u>11</u>	<u>12</u>
Inpt vs	4	1	1	1	2	3	5	0	1	1	4	1
Outpt vs	228	335	395	186	297	353	273	410	321	170	221	236

<u>CY 1988</u>	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>	<u>05</u>	<u>06</u>	<u>07</u>	<u>08</u>	<u>09</u>	<u>10</u>	<u>11</u>	<u>12</u>
Inpt vs	4	5	4	2	2	4	3	4	0	2	5	1
Outpt vs	258	360	246	208	270	335	164	183	286	310	387	294

<u>CY 1989</u>	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>
Inpt vs	3	9	4	1
Outpt vs	300	464	441	333

SCHOFIELD BARRACKS:

<u>CY 1987</u>	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>	<u>05</u>	<u>06</u>	<u>07</u>	<u>08</u>	<u>09</u>	<u>10</u>	<u>11</u>	<u>12</u>
Outpt vs	664	733	792	743	629	752	799	851	951	784	662	669

<u>CY 1988</u>	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>	<u>05</u>	<u>06</u>	<u>07</u>	<u>08</u>	<u>09</u>	<u>10</u>	<u>11</u>	<u>12</u>
Outpt vs	713	722	710	642	435	597	715	871	663	765	734	493

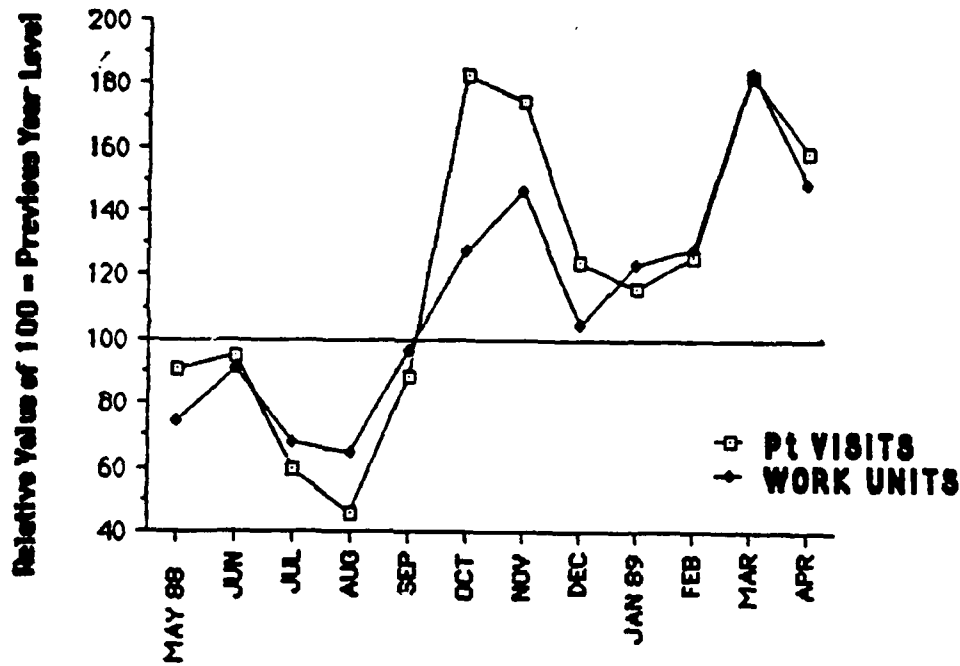
<u>CY 1989</u>	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>
Outpt vs	718	849	802	649

Note: Inpt vs = Inpatient Visits
Outpt vs = Outpatient Visits

Table 2

TRIPLER MAINTAINED MEASURES OF PRODUCTIVITY

OPTOMETRY SVC. WORKLOAD - TRIPLER CLINIC



OPTOMETRY SVC. WORKLOAD - SCHOFIELD CLINIC

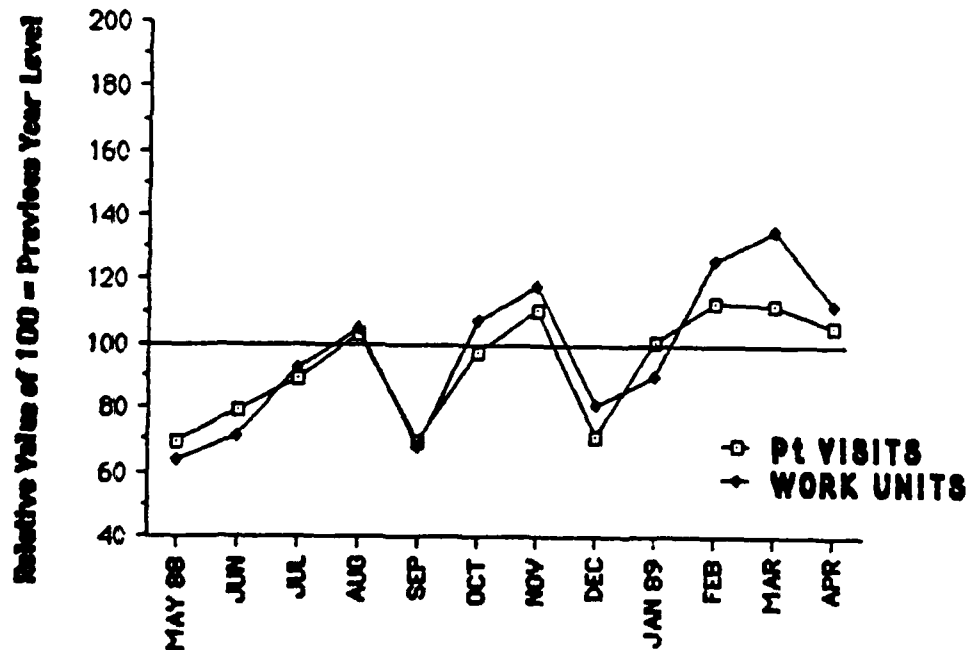


Table 3

OPTOMETRY STAFF SATISFACTION SURVEY COMPARISONS

	<u>Main Effects (p)</u>		
	<u>Admin</u>	<u>Type</u>	<u>Locatn</u>
1. The extent I feel I am being utilized professionally.	ns	ns	ns
2. The availability of adequate equipment supporting my job.	ns	ns	.017
3. The availability of adequate support personnel.	.015	ns	.0001
4. Having a supportive duty environment.	ns	ns	ns
5. My liking my present position.	ns	ns	.028
6. The support of my co-workers.	ns	ns	ns
7. The support of my supervisor.	ns	ns	ns
8. Having cooperation from the departments that support my work.	ns	ns	ns
9. Obtaining licensure/certification while on active duty.	ns	ns	ns
10. Opportunity for self-improvement in my job.	ns	ns	ns
11. The extent I make a meaningful contribution to my military organization.	ns	ns	ns
12. The amount of responsibility given to me.	ns	ns	ns
13. Having colleagues available for professional growth and development.	ns	ns	ns
14. The extent of my positive attitudes toward the military in general.	ns	.039	ns
15. Having opportunities for my personal growth and development.	ns	ns	ns
16. Having opportunities available to work off duty (e.g. moonlight, teach, consult).	ns	ns	ns

	<u>Main Effects (p)</u>		
	<u>Admin</u>	<u>Type</u>	<u>Locatn</u>
17. The extent management is supportive of the staff.	ns	ns	ns
18. The morale of the professional staff members.	ns	ns	.017
19. The extent the staff know what is expected of them daily.	ns	ns	ns
20. The staff emphasis on providing quality patient care.	ns	ns	ns
21. The degree to which work and time pressures dominate the job.	ns	ns	ns
22. The extent to which staff is supportive of one another.	ns	ns	ns
23. The extent to which staff is encouraged to be self sufficient.	ns	ns	ns
24. The opportunities for change and new approaches.	ns	ns	ns
25. The extent the physical surroundings contribute to staff satisfaction with the work environment.	ns	ns	.002
26. The extent our staff receives cooperation from other departments.	ns	ns	ns

Notes: Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7).

The variables examined were

Administrations of survey (Admin)

- 1) July 1988
- 2) October 1988
- 3) January 1989
- 4) April 1989

Type

- 1) Staff (optometrists, direct care EMs)
- 2) Staff assistants/administrative persnl

Location of clinic

- 1) Tripler AMC (co-located with Ophthalmology)
- 2) Schofield Barracks

Analysis of variance comparisons were made (4x2x2); only main effects are reported (n=41) for the level of significance (p). ns = non significant

Table 4

STAFF SATISFACTION SURVEY COMPARISON BETWEEN LOCATIONS
FOR STAFF PERSONNEL ONLY

	<u>Overall</u>	<u>Mean Values</u>		<u>Comparison</u> Bks p
		<u>Tripler</u>	<u>Schofield</u>	
<u>Cell Size:</u>	<u>25</u>	<u>13</u>	<u>12</u>	
1. The extent I feel I am being utilized professionally.	4.9	4.3	5.5	ns
2. The availability of adequate equipment supporting my job.	5.0	4.3	5.9	.006
3. The availability of adequate support personnel.	3.9	2.8	5.0	.001
4. Having a supportive duty environment.	5.1	4.6	5.7	.03
5. My liking my present position.	4.9	4.0	5.9	.002
6. The support of my co-workers.	5.8	5.6	6.1	ns
7. The support of my supervisor.	5.9	6.0	5.8	ns
8. Having cooperation from the departments that support my work.	5.0	4.8	5.1	ns
9. Obtaining licensure/certification while on active duty.	4.4	4.3	4.5	ns
10. Opportunity for self-improvement in my job.	4.8	5.0	4.7	ns
11. The extent I make a meaningful contribution to my military organization.	5.2	4.6	5.8	ns
12. The amount of responsibility given to me.	5.2	4.6	5.8	ns
13. Having colleagues available for professional growth and development.	5.4	5.0	5.9	ns
14. The extent of my positive attitudes toward the military in general.	5.0	5.0	5.1	.01
15. Having opportunities for my personal growth and development.	5.1	4.8	5.4	ns
16. Having opportunities available to work off duty (e.g. moonlight, teach, consult).	4.6	4.2	5.0	ns

	<u>Mean Values</u>			<u>Comparison</u>
	<u>Overall</u>	<u>Tripler</u>	<u>Schofield</u>	<u>Bks p</u>
<u>Cell Size:</u>	<u>25</u>	<u>13</u>	<u>12</u>	
17. The extent management is supportive of the staff.	4.8	4.3	5.3	ns
18. The morale of the professional staff members.	5.2	4.6	5.8	.006
19. The extent the staff know what is expected of them daily.	5.7	5.3	6.1	ns
20. The staff emphasis on providing quality patient care.	6.3	6.2	6.4	ns
21. The degree to which work and time pressures dominate the job.	5.0	5.0	5.0	ns
22. The extent to which staff is supportive of one another.	5.2	4.9	5.6	ns
23. The extent to which staff is encouraged to be self sufficient.	5.0	4.6	5.3	ns
24. The opportunities for change and new approaches.	5.1	5.0	5.2	ns
25. The extent the physical surroundings contribute to staff satisfaction with the work environment.	4.4	3.3	5.6	.001
26. The extent our staff receives cooperation from other departments.	4.4	4.0	5.0	.03

Note: Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7).

Comparisons were made using an analysis of variance (n=25).

ns = non significant

Table 5

OPTOMETRY VERSUS OPHTHALMOLOGY STAFF SATISFACTION SURVEY COMPARISONS
FOR STAFF PERSONNEL ONLY

	<u>Main Effects (p)</u>		
	<u>Servc</u>	<u>Type</u>	<u>Locatn</u>
1. The extent I feel I am being utilized professionally.	ns	ns	ns
2. The availability of adequate equipment supporting my job.	ns	ns	ns
3. The availability of adequate support personnel.	ns	ns	ns
4. Having a supportive duty environment.	ns	ns	ns
5. My liking my present position.	ns	ns	ns
6. The support of my co-workers.	ns	ns	ns
7. The support of my supervisor.	ns	ns	ns
8. Having cooperation from the departments that support my work.	ns	ns	ns
9. Obtaining licensure/certification while on active duty.	ns	ns	ns
10. Opportunity for self-improvement in my job.	ns	ns	ns
11. The extent I make a meaningful contribution to my military organization.	ns	ns	ns
12. The amount of responsibility given to me.	ns	ns	ns
13. Having colleagues available for professional growth and development.	ns	ns	ns
14. The extent of my positive attitudes toward the military in general.	ns	ns	ns
15. Having opportunities for my personal growth and development.	.044	ns	ns
16. Having opportunities available to work off duty (e.g. moonlight, teach, consult).	ns	ns	ns

	<u>Main Effects (p)</u>		
	<u>Servc</u>	<u>Type</u>	<u>Locatn</u>
17. The extent management is supportive of the staff.	ns	ns	ns
18. The morale of the professional staff members.	ns	ns	ns
19. The extent the staff know what is expected of them daily.	ns	ns	ns
20. The staff emphasis on providing quality patient care.	ns	ns	ns
21. The degree to which work and time pressures dominate the job.	ns	ns	ns
22. The extent to which staff is supportive of one another.	ns	ns	ns
23. The extent to which staff is encouraged to be self sufficient.	ns	ns	ns
24. The opportunities for change and new approaches.	ns	ns	ns
25. The extent the physical surroundings contribute to staff satisfaction with the work environment.	ns	ns	ns
26. The extent our staff receives cooperation from other departments.	ns	ns	ns

Notes: Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7).

The variables examined were

Service (Servc)

- 1) Optometry
- 2) Ophthalmology

Type

- 1) Staff optometrists, direct care EMs
- 2) Staff ophthalmologists, direct care EMs

Location of clinic

- 1) Tripler AMC (co-located with Ophthalmology)
- 2) Schofield Barracks

Analysis of variance comparisons were made (2x2x2); only main effects are reported (n=20) for the level of significance (p). ns = non significant

Table 6

OUTPATIENT SATISFACTION SURVEY
MEAN VALUES AND COMPARISON BETWEEN LOCATIONS

<u>How satisfied were you with:</u>	<u>Mean Values</u>			<u>Comparison</u>
	<u>Overall</u>	<u>TAMC</u>	<u>SchBk</u>	<u>p</u>
1 The clinic receptionist?	1.18	1.20	1.16	ns
2 The nursing staff?	1.13	1.14	1.12	ns
3 The care provider (Doctor, Registered Nurse, Physician Assistant, etc.)	1.05	1.03	1.07	.024
4 The overall care you received?	1.06	1.03	1.08	.014
5 The explanation of your problem?	1.09	1.05	1.12	.0035
6 The explanation about your medications?	1.07	1.02	1.10	.032
7 The explanation of your treatment/ follow-up?	1.10	1.06	1.13	.026
8 The answers to your questions?	1.08	1.10	1.05	.014
9 The concern for your privacy?	1.09	1.07	1.11	ns
10 The appointment personnel?	1.19	1.20	1.19	ns
11 The medical records personnel?	1.22	1.24	1.20	ns
12 The laboratory staff?	1.10	1.08	1.11	ns
13 The x-ray staff?	1.15	1.06	1.19	ns
14 The pharmacy staff?	1.22	1.36	1.13	ns
15 The parking facilities?	1.90	1.96	1.87	ns
16 The directions within the hospital area?	1.68	1.86	1.5	.00001

Note: Each situation has a scale continuum from (1) Very Satisfied, (2) Acceptable, (3) Dissatisfied.

<u>How satisfied were you with the waiting time:</u>		<u>Overall</u>	<u>IAMC</u>	<u>SchBk</u>	<u>p</u>
17	To obtain an appointment?	1.42	1.49	1.36	.0076
18	At the medical records room?	1.36	1.37	1.35	ns
19	Before being seen for treatment?	1.28	1.26	1.30	ns
20	To have an x-ray taken?	1.23	1.33	1.17	ns
21	At the pharmacy?	1.16	1.20	1.13	ns
22	To have a laboratory test taken?	1.18	1.21	1.14	ns

Note: Each situation has a scale continuum from (1) Very Satisfied,
(2) Acceptable, (3) Dissatisfied.

		<u>IAMC</u>	<u>SchBk</u>
23	I normally receive my medical care at:		
	Army	103	105
	Navy	9	4
	Air Force	2	2
24	Tripler AMC is a caring hospital		
	yes	113	192
	no	2	1

Table 7
OUTPATIENT SATISFACTION SURVEY COMPARISONS

<u>How satisfied were you with:</u>		<u>Main Effects</u>		
		<u>Admin</u>	<u>Locatn</u>	<u>Status</u>
1	The clinic receptionist?	ns	ns	ns
2	The nursing staff?	ns	ns	ns
3	The care provider (Doctor, Registered Nurse, Physician Assistant, etc.)	ns	.009	ns
4	The overall care you received?	ns	.013	ns
5	The explanation of your problem?	ns	.0001	ns
6	The explanation about your medications?	ns	.016	ns
7	The explanation of your treatment/ follow-up?	ns	.011	ns
8	The answers to your questions?	ns	.012	ns
9	The concern for your privacy?	ns	ns	.034
10	The appointment personnel?	ns	ns	.029
11	The medical records personnel?	ns	ns	ns
12	The laboratory staff?	.047	ns	.033
13	The x-ray staff?	ns	ns	ns
14	The pharmacy staff?	ns	ns	ns
15	The parking facilities?	.010	ns	.046
16	The directions within the hospital area?	ns	.0001	ns

Note: Each situation has a scale continuum from (1) Very Satisfied, (2) Acceptable, (3) Dissatisfied.

<u>How satisfied were you with:</u> <u>the waiting time:</u>		<u>Main Effects</u>		
		<u>Admin</u>	<u>Locatn</u>	<u>Status</u>
17	To obtain an appointment?	ns	.032	.0001
18	At the medical records room?	ns	ns	ns
19	Before being seen for treatment?	ns	ns	ns
20	To have an x-ray taken?	ns	ns	ns
21	At the pharmacy?	ns	ns	ns
22	To have a laboratory test taken?	ns	ns	ns

Note: Each situation has a scale continuum from (1) Very Satisfied, (2) Acceptable, (3) Dissatisfied.

The variables examined were

Administrations of survey (Admin)

- 1) July 1988
- 2) October 1988
- 3) January 1989
- 4) April 1989

Location of clinic

- 1) Tripler AMC (co-located with Ophthalmology)
- 2) Schofield Barracks

Status of beneficiary

- 1) active duty
- 2) active duty dependent
- 3) retired
- 4) retired dependent
- 5) other

Analysis of variance comparisons were made (4x2x5); only main effects are reported (n=699) for the level of significance (p). ns = non significant

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APPENDIX 1

SUBJECT: Establishment of a Separate Optometry Department



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

15 JAN 1988

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MR&A)

SUBJECT: Evaluation of a Separate Department of
Optometry at Tripler Army Medical Center

Del:

The National Defense Appropriations Act for Fiscal Year 1988 requests that the Department of Defense test the concept of a separate Department of Optometry, not to be put administratively under Ophthalmology, at a Service installation. After consultation with Doctor DeLeon, Administrative Assistant to Senator Daniel K. Inouye, I have determined that Tripler Army Medical Center is the appropriate location for conducting this evaluation. The Naval Hospital at Bethesda has recently developed a plan for evaluating a separate Psychology Department. This program provides a model you may wish to consider in structuring the optometry plan for Tripler.

I request that the Army develop a plan to establish a separate Optometry Department at Tripler AMC and that the plan be implemented no later than 1 May 1988. Further, I request that the method for evaluating the success of this approach be forwarded to this office. Please provide a semiannual report of benefits and problems, if any, in implementing this plan.

William Mayel

William Mayel, M.D.

CC:
Surgeon General, USA

APPENDIX 2

Implementation Plan Proposed by Tripler

3-7 DEPARTMENT OF PRIMARY CARE AND COMMUNITY MEDICINE (DPCCM).

The mission of the DPCCM is to provide diagnosis, care, and treatment of all patients commensurate with the highest standards of quality patient care. Organization is as follows:

a. Office of the Chief. Functions are as follows, but are not limited to:

(1) Provides diagnosis, care, treatment, and proper medical disposition of patients.

(2) Conducts professional training.

(3) Evaluates the quality and appropriateness of care.

(4) Conducts medical research.

(5) Prepares and completes all medical records.

(6) Reviews and analyzes work methods and operational procedures within the department.

(7) Coordinates administrative support services for the department.

b. Clinic Services. Functions are as follows, but are not limited to:

(1) Provides diagnosis, care, treatment, and proper medical disposition of patients.

(2) Provides clinical and consultative services.

(3) Provides professional training as directed.

(4) Provides medical care evaluations.

(5) Prepares and submits records and reports.

c. Optometry Services. Functions are as follows, but are not limited to:

(1) Provides diagnosis, care, treatment, and proper medical disposition of patients.

(2) Operates two clinics; one at Tripler AMC, and one at Schofield Barracks.

(3) Provides clinical and consultative services.

(4) Provides professional training as directed to include operation of Teaching Affiliation Program.

(5) Provides consultative services to Preventive Medicine and Safety Office in support of Occupational Safety Vision Program.

(6) Provides medical care evaluation and coordination with Navy and Air Force optometry services.

(7) Prepares and submits records and reports.

d. Adult Outpatient Clinic. Functions are listed in paragraph 3-1c, paragraph (1)-5, HSC Reg 10-1, page 3-2, and the following:

(6) Provides support to Emergency Preparedness Program.

(7) Operates Extended Hours Clinic.

e. Physical Examination Service. Functions are listed in paragraph 3-1c, paragraph (1)-5, HSC Reg 10-1, page 3-2. Add the following after subparagraph (1) after "disposition of patients": to include medical examinations for active duty personnel, military school applicants, Army Reserve, National Guard, Peace Corps, State Department employees, and pre-employment physical for DA civilians.

f. Emergency Medical Service. Functions are listed in paragraph 3-1c less (2), in HSC Reg 10-1, plus operates the Emergency Room and Ambulance Service. Add the following after paragraph (2): "Clinical and consultative services; to include 24-hour on call consultation for physical and related emotional problems.

Add after paragraph (5): (6) Ambulance Service: Provides transport to and from military bases and living areas at Tripler, Fort Shafter, Fort Shafter Flats, and Aliamanu Military Reservation/Red Hill with emergency transport and basic life support. Service includes Air Evacuation transport at Hickam AFB and transport for Emergency Medical Team missions.

g. Aviation Medicine, SB. Functions include:

(1) Provides aviation medical services to include assistance and advice to Aviation Units.

(2) Provides clinical care and medical examination services for personnel on flight status and their family member.

(3) Conducts air craft accident investigations.

(4) Evaluates and provides consulting services on life support equipment for Aviation Units.

(5) Conducts periodic lectures and consultations on the medical aspects of aviation safety.

h. Army Health Clinic, Schofield Barracks (SB).
Organization and functions are listed in paragraph 8-2a (1) (2), HSC Reg 10-1, page 8-1.

i. Johnston Island (TMC). Provides technical supervision to TMC at Johnston Island.

APPENDIX 3
Evaluation Plans

Generic Outline for Evaluating the Effects of Structural Reorganization of Clinics, Services, Departments ("P's & Q's")

1. Identifying Data

- A. Mission Statement
- B. Personnel
 - 1) Recognized requirements
 - 2) Authorizations
 - 3) Assigned strength
 - 4) Contract personnel
- C. Training mission (GME/CME)
 - 1) Number of persons trained
 - a. Fulltime
 - b. Parttime
 - 2) Percentage of resources dedicated to support training mission
 - 3) Accreditation
- D. Readiness mission
 - 1) Personnel involved in readiness training
 - 2) Percentage of resources dedicated to support readiness training

2. Productivity

- A. Workload
 - 1) MED 302 report
 - a. Admissions
 - b. Occupied bed days
 - c. In-patient visits
 - d. Out-patient visits
 - e. Special categories
 - 2) DRG data
 - a. Case-mix index
 - b. Length of stay
 - c. Outliers
 - d. Other
 - 3) CHAMPUS workload
 - 4) Other data not otherwise captured
- B. Financial Data
 - 1) MEPRS accounts
 - a. Total costs
 - b. Shifts in sub-accounts
 - 2) Other

3. Quality

- A. Patient Issues
 - 1) Satisfaction (Questionnaire)
 - 2) Documented Complaints
 - 3) Malpractice Claims
- B. Provider Issues
 - 1) Satisfaction

- a. Questionnaire
 - b. Staff turnover
- 2) Credentialling
 - a. Licensure
 - b. Certification
 - c. Participation in CME
- 3) Teaching
 - a. % Time in teaching/supervision
 - b. Lecture time
- 4) Research
 - a. Publications
 - b. Protocols
- C. Access
 - 1) Waiting time for appointments by beneficiary category
 - 2) Certificates of non-availability issued
- D. External/Internal Quality Review
 - 1) Internal peer review
 - 2) DOD contract peer review
 - 3) IG staff visits

APPENDIX 4

Staff Satisfaction Survey
Optometry Staff
First Administration

Check one:
____ Staff ____ Staff Assoc/assistant

Date: _____

STAFF SATISFACTION SURVEY

Please consider how you feel now when responding to the following statements. Each item poses a condition. Please consider each item as it relates to your current assignment, job, or setting. Rate each SATISFACTION item as it relates to your military service. Interpret words or phrases as you wish; no need to editorialize with marginalia.

Do not spend a great deal of time deliberating over an answer. Usually, your first impressions are best. Please rate ALL of the situations. Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7). Please circle the one response for each item that BEST represents your feelings. Respond with the way you feel now.

	SATISFACTION						
	MIN						MAX
	1	2	3	4	5	6	7
1. The extent I feel I am being utilized professionally.	1	2	3	4	5	6	7
2. The availability of adequate equipment supporting my job.	1	2	3	4	5	6	7
3. The availability of adequate support personnel.	1	2	3	4	5	6	7
4. Having a supportive duty environment.	1	2	3	4	5	6	7
5. My liking my present position.	1	2	3	4	5	6	7
6. The support of my co-workers.	1	2	3	4	5	6	7
7. The support of my supervisor.	1	2	3	4	5	6	7
8. Having cooperation from the departments that support my work.	1	2	3	4	5	6	7
9. Obtaining licensure/certification while on active duty.	1	2	3	4	5	6	7
10. Opportunity for self-improvement in my Job.	1	2	3	4	5	6	7
11. The extent I make a meaningful contribution to my military organization.	1	2	3	4	5	6	7
12. The amount of responsibility given to me.	1	2	3	4	5	6	7
13. Having colleagues available for professional growth and development.	1	2	3	4	5	6	7

	SATISFACTION						
	MIN						
	1	2	3	4	5	6	7
14. The extent of my positive attitudes toward the military in general.	1	2	3	4	5	6	7
15. Having opportunities for my personal growth and development.	1	2	3	4	5	6	7
16. Having opportunities available to work off duty (e.g. moonlight, teach, consult).	1	2	3	4	5	6	7

The following statements involve your perceptions of your staff, co-workers, and the work environment. Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7). Please circle the one response for each item that BEST represents your feelings.

	MIN						
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
17. The extent management is supportive of the staff.	1	2	3	4	5	6	7
18. The morale of the professional staff members.	1	2	3	4	5	6	7
19. The extent the staff know what is expected of them daily.	1	2	3	4	5	6	7
20. The staff emphasis on providing quality patient care.	1	2	3	4	5	6	7
21. The degree to which work and time pressures dominate the job.	1	2	3	4	5	6	7
22. The extent to which staff is supportive of one another.	1	2	3	4	5	6	7
23. The extent to which staff is encouraged to be self sufficient.	1	2	3	4	5	6	7
24. The opportunities for change and new approaches.	1	2	#	4	5	6	7
25. The extent the physical surroundings contribute to staff satisfaction with the work environment.	1	2	3	4	5	6	7
26. The extent our staff receives cooperation from other departments.	1	2	3	4	5	6	7

Describe here how you felt about your assignment or job when Optometry was administratively in Ophthalmology.

Describe here how you expect to feel in the future in the administratively separate Optometry Service.

Thank you very much for your cooperation in filling out this questionnaire.

APPENDIX 5

Staff Satisfaction Survey Optometry Staff Second Through Fourth Administrations

Check one:

____ Staff

____ Staff Assoc/assistant

Date: _____

OPTOMETRY STAFF SATISFACTION SURVEY

Please consider how you feel now when responding to the following statements. Each item poses a condition. Please consider each item as it relates to your current assignment, job, or setting. Rate each SATISFACTION item as it relates to your military service. Interpret words or phrases as you wish; no need to editorialize with marginalia.

Do not spend a great deal of time deliberating over an answer. Usually, your first impressions are best. Please rate ALL of the situations. Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7). Please circle the one response for each item that BEST represents your feelings. Respond with the way you feel now.

	SATISFACTION						
	MIN						MAX
	1	2	3	4	5	6	7
1. The extent I feel I am being utilized professionally.	1	2	3	4	5	6	7
2. The availability of adequate equipment supporting my job.	1	2	3	4	5	6	7
3. The availability of adequate support personnel.	1	2	3	4	5	6	7
4. Having a supportive duty environment.	1	2	3	4	5	6	7
5. My liking my present position.	1	2	3	4	5	6	7
6. The support of my co-workers.	1	2	3	4	5	6	7
7. The support of my supervisor.	1	2	3	4	5	6	7
8. Having cooperation from the departments that support my work.	1	2	3	4	5	6	7
9. Obtaining licensure/certification while on active duty.	1	2	3	4	5	6	7
10. Opportunity for self-improvement in my job.	1	2	3	4	5	6	7
11. The extent I make a meaningful contribution to my military organization.	1	2	3	4	5	6	7
12. The amount of responsibility given to me.	1	2	3	4	5	6	7
13. Having colleagues available for professional growth and development.	1	2	3	4	5	6	7
14. The extent of my positive attitudes toward the military in general.	1	2	3	4	5	6	7

	SATISFACTION						
	MIN			MAX			
	1	2	3	4	5	6	7
15. Having opportunities for my personal growth and development.	1	2	3	4	5	6	7
16. Having opportunities available to work off duty (e.g. moonlight, teach, consult).	1	2	3	4	5	6	7

The following statements involve your perceptions of your staff, co-workers, and the work environment. Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7). Please circle the one response for each item that BEST represents your feelings.

	MIN							MAX
	1	2	3	4	5	6	7	
	1	2	3	4	5	6	7	
17. The extent management is supportive of the staff.	1	2	3	4	5	6	7	
18. The morale of the professional staff members.	1	2	3	4	5	6	7	
19. The extent the staff know what is expected of them daily.	1	2	3	4	5	6	7	
20. The staff emphasis on providing quality patient care.	1	2	3	4	5	6	7	
21. The degree to which work and time pressures dominate the job.	1	2	3	4	5	6	7	
22. The extent to which staff is supportive of one another.	1	2	3	4	5	6	7	
23. The extent to which staff is encouraged to be self sufficient.	1	2	3	4	5	6	7	
24. The opportunities for change and new approaches.	1	2	3	4	5	6	7	
25. The extent the physical surroundings contribute to staff satisfaction with the work environment.	1	2	3	4	5	6	7	
26. The extent our staff receives cooperation from other departments.	1	2	3	4	5	6	7	

Please read the following questions, and respond appropriately.

Have been assigned here ____ months.

Position: Officer, Enlisted, Civilian (circle one)

Direct care provider: yes no

Supervisor: yes no If yes, how many personnel? ____

Number of times taken this survey: ____ times

Describe here how you feel in the administratively separate Optometry Service.

How would you describe your current professional relationship with
Ophthalmology?

How has separating the Optometry Service affected Ophthalmology?

How has separating the Optometry Service affected performing the missions of the Optometry Service?

What changes would you recommend be made?

Thank you very much for your cooperation in filling out this questionnaire.

APPENDIX 6

**Staff Satisfaction Survey
Ophthalmology Staff**

Check one:
____ Staff

____ Staff Assoc/assistant

Date: _____

OPHTHALMOLOGY STAFF SATISFACTION SURVEY

Please consider how you feel now when responding to the following statements. Each item poses a condition. Please consider each item as it relates to your current assignment, job, or setting. Rate each SATISFACTION item as it relates to your military service. Interpret words or phrases as you wish; no need to editorialize with marginalia.

Do not spend a great deal of time deliberating over an answer. Usually, your first impressions are best. Please rate ALL of the situations. Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7). Please circle the one response for each item that BEST represents your feelings. Respond with the way you feel now.

	SATISFACTION						
	MIN						MAX
	1	2	3	4	5	6	7
1. The extent I feel I am being utilized professionally.	1	2	3	1	5	6	7
2. The availability of adequate equipment supporting my job.	1	2	3	4	5	6	7
3. The availability of adequate support personnel.	1	2	3	4	5	6	7
4. Having a supportive duty environment.	1	2	3	4	5	6	7
5. My liking my present position.	1	2	3	4	5	6	7
6. The support of my co-workers.	1	2	3	4	5	6	7
7. The support of my supervisor.	1	2	3	4	5	6	7
8. Having cooperation from the departments that support my work.	1	2	3	4	5	6	7
9. Obtaining licensure/certification while on active duty.	1	2	3	4	5	6	7
10. Opportunity for self-improvement in my job.	1	2	3	4	5	6	7
11. The extent I make a meaningful contribution to my military organization.	1	2	3	4	5	6	7
12. The amount of responsibility given to me.	1	2	3	4	5	6	7
13. Having colleagues available for professional growth and development.	1	2	3	4	5	6	7
14. The extent of my positive attitudes toward the military in general.	1	2	3	4	5	6	7

	SATISFACTION						
	MIN			MAX			
	1	2	3	4	5	6	7
15. Having opportunities for my personal growth and development.	1	2	3	4	5	6	7
16. Having opportunities available to work off duty (e.g. moonlight, teach, consult).	1	2	3	4	5	6	7

The following statements involve your perceptions of your staff, co-workers, and the work environment. Each situation has a scale continuum from MINIMUM (1) to MAXIMUM (7). Please circle the one response for each item that BEST represents your feelings.

	MIN			MAX			
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
17. The extent management is supportive of the staff.	1	2	3	4	5	6	7
18. The morale of the professional staff members.	1	2	3	4	5	6	7
19. The extent the staff know what is expected of them daily.	1	2	3	4	5	6	7
20. The staff emphasis on providing quality patient care.	1	2	3	4	5	6	7
21. The degree to which work and time pressures dominate the job.	1	2	3	4	5	6	7
22. The extent to which staff is supportive of one another.	1	2	3	4	5	6	7
23. The extent to which staff is encouraged to be self sufficient.	1	2	3	4	5	6	7
24. The opportunities for change and new approaches.	1	2	3	4	5	6	7
25. The extent the physical surroundings contribute to staff satisfaction with the work environment.	1	2	3	4	5	6	7
26. The extent our staff receives cooperation from other departments.	1	2	3	4	5	6	7

Please read the following questions, and respond appropriately.

Have been assigned here ____ months.

Position: Officer, Enlisted, Civilian (circle one)

Direct care provider: yes no

Supervisor: yes no If yes, how many personnel? ____

Number of times taken this survey: ____ times

Describe here how you feel in the Ophthalmology Service.

How would you describe your current professional relationship with Optometry?

How has separating the Optometry Service affected Optometry?

How has separating the Optometry Service affected performing the missions of the Ophthalmology Service?

What changes would you recommend be made?

Thank you very much for your cooperation in filling out this questionnaire.

APPENDIX 7
Patient Satisfaction Survey

OUTPATIENT SATISFACTION SURVEY

(HSC Reg 40-5)

CLINIC _____ HSC MTF _____ APPT _____ NON-APPT _____

STATUS

- ☐ ACTIVE DUTY
☐ RETIRED
☐ OTHER (civilian employee, civilian emergency, etc.)

☐ ACTIVE DUTY DEPENDENT
☐ RETIRED DEPENDENT

INFORMATION FROM THIS SURVEY WILL HELP US TO PROVIDE YOU THE BEST POSSIBLE MEDICAL CARE. To insure the accuracy of this survey, it is most important that you answer each question which applies to TODAY'S VISIT. It should take less than 3 minutes to complete the survey. All responses will be held in strictest confidence.

SECTION I

PLACE AN "X" IN THE APPROPRIATE BOX	TODAY'S VISIT			
	VERY SATISFIED	ACCEPTABLE	DISSATISFIED	DOES NOT APPLY TO TODAY'S VISIT
HOW SATISFIED WERE YOU WITH:				
1. The clinic receptionist?				
2. The nursing staff?				
3. The care provider (Doctor, Registered Nurse, Physician Assistant, etc.)				
4. The overall care you received?				
5. The explanation of your problem?				
6. The explanation about your medications?				
7. The explanation of your treatment/follow-up?				
8. The answers to your questions?				
9. The concern for your privacy?				
10. The appointment personnel?				
The medical records personnel?				
The laboratory staff?				
13. The x-ray staff?				
14. The pharmacy staff?				
15. The parking facilities?				
16. The directions within the hospital area?				
HOW SATISFIED WERE YOU WITH THE WAITING TIME:				
17. To obtain an appointment?				
18. At the medical records room?				
19. Before being seen for treatment?				
20. To have an x-ray taken?				
21. At the pharmacy?				
22. To have a laboratory test taken?				

SECTION II (For local use overprint)

		ARMY	NAVY	AF
23. I normally receive my medical care at (check one)		ARMY	NAVY	A.F.
	AGREE		DISAGREE	
24. Tripler AMC is a caring hospital (check one)				

IF YOU HAVE ANY ADDITIONAL COMMENTS OR SUGGESTIONS, PLEASE WRITE THEM ON THE REVERSE.
 Please deposit your completed survey form in the box provided at the Pharmacy, X-Ray or Laboratory. Thank you for taking time to answer this survey.

APPENDIX 8

Tripler Personnel and Productivity Reports

OPTOMETRY, HAWAII, PERSONNEL STATUS

(effective June 1989)

25th DIV.

TOE

Auth Act

1 1

1 1

1 0

0 0

	TAMC						SCHOFIELD		
	Office of the Chief			Clinic			R	Auth	Act
	R	Auth	Act	R	Auth	Act	R	Auth	Act
MIL OPTOMETRISTS(68K)	1	0	0	2	2	2	3	2	2
EYE SPECIALIST(91Y)	1	0	0	3	2	3	5	3	3
OPTICAL LAB TECH(42E)	0	0	0	0	0	0	0	0	0
Civilian Receptionist/ Secretarial	1	0	0	0	0	0	2	1	2

R= HSC Recommended Staffing Aug 88 Manpower survey Auth= Authorizations Act= Actual Staffing

Comments: TAMC clinic

1. Oct 88 Addition of a part time (8 hrs/wk) GS11 optometrist overhire not to exceed 1 yr.
2. June 89 Addition of a supplemental care optometrist (8 hrs/wk) to see VA beneficiaries.
3. June 89 Approved and began recruiting thru CPO for a civ. secretary/receptionist (GS 5) overhire not to exceed 1 yr.

Schofield Barracks clinic

1. May 89 Addition of a clerk typist (GS 4) overhire not to exceed 1 yr.

[Totals: Tripler + Schofield Clinics]

Recommended Staffing = 18

Authorizations = 10 (55.6% of recommended staffing)

Actual Staffing = 12 (66.7% of recommended staffing)

Ophthalmology Sec. (TDA 0289 in effect through 0989)

	R	Auth	Act
C, Ophthal 0-6	1	1	1
Ophthalmologist 0-5	2	1	1
Ophthalmologist 0-4	2	1	1
NCOIC (91Y) E-6	1	1	1
91Y E-5	1	0	2
91Y E-4	1	1	1
91Y E-3	1	1	0
Civilian Secretary GS 5	1	1	1
Civilian Clerk GS 4	1	1	1

Totals: Recommended Staffing = 11

Authorizations = 8 (72.7% of recommended staffing)

Actual Staffing = 9 (81.8% of recommended staffing)

HSBK - PCO OPTOMETRY SERVICE, FIRST YEAR REPORT

	A	B		C		D		E		F		G
		PATIENT		VISITS		2nd yrs value relative to 1st yr		WORK		UNITS		
1		May87 - Ap88		May88 - Ap89		2nd yrs value relative to 1st yr		May88 - Ap89		May88 - Ap89		2nd yrs value relative to 1st yr
2												
3												
4	TAMC Clinic											
5	May	299		272		91%		5953		4441		75%
6	June	356		339		95%		5674		5152		91%
7	July	278		167		60%		4581		3104		68%
8	August	410		187		46%		5123		3303		64%
9	September	322		286		89%		4819		4662		97%
10	October	171		312		182%		3304		4231		128%
11	November	225		392		174%		3647		5334		146%
12	December	237		295		124%		3822		4017		105%
13	January	262		305		116%		3295		4075		124%
14	February	365		461		126%		4935		6355		129%
15	March	250		457		183%		3362		6179		184%
16	April	210		333		159%		3199		4782		149%
17	TOTALS	3385		3806		112%		51714		55635		108%
18												
19												
20	Schofield Clinic											
21	May	629		435		69%		9946		6378		64%
22	June	752		597		79%		10235		7274		71%
23	July	799		714		89%		10054		9288		92%
24	August	844		871		103%		10901		11472		105%
25	September	951		663		70%		11978		8179		68%
26	October	784		766		98%		9697		10395		107%
27	November	662		734		111%		8960		10557		118%
28	December	669		493		74%		8902		7225		81%
29	January	713		718		101%		10231		9194		90%
30	February	722		818		113%		9631		12113		126%
31	March	710		796		112%		9492		12854		135%
32	April	643		680		106%		8813		9885		112%
33	TOTALS	8878		8285		93%		118840		114814		97%
34												
35	TAMC + SB TOTALS	12263		12091		99%		170554		170449		100%

MSHK-PCO OPTOMETRY SERVICE, FIRST YEAR REPORT

	H	I	J	K
1		Available Hours, Optometrists		
2		May 1987-Apr 1988	May 1988-Apr 1989	2nd yrs value relative to 1st yr
3	TAMC Clinic			
4	May	134	191	143%
5	June	165	189	115%
6	July	261	168	64%
7	August	261	136	52%
8	September	163	133	82%
9	October	123	295	240%
10	November	161	320	199%
11	December	*(77)invalid	280(removed)	unknown
12	January	178	268	151%
13	February	192	329	171%
14	March	*(77)invalid	281(removed)	unknown
15	April	181	363	201%
16	TOTALS	1819	2392	132%
17	*Dec88 & Mar89 hrs grossly	inconsistent w/ pt vls & work unit data. Correction not possible thru clinic		
18		or Resource Mgt, MEPRS office.		
19	Schofield Clinic			
20	May	372	208	56%
21	June	387	319	82%
22	July	333	329	99%
23	August	293	277	95%
24	September	495	327	66%
25	October	369	383	104%
26	November	335	461	138%
27	December	337	332	99%
28	January	332	449	135%
29	February	377	500	133%
30	March	386	533	138%
31	April	343	439	128%
32	TOTALS	4359	4557	105%
33	TAMC + SB TOTALS	6178	6949	112%
34	COMMENT: Effective JAN 89, Optometry Svc. developed/implemented a detailed accounting system to review			
35	personnel utilization, facilitate reporting, and ensure more timely, appropriate management decisions.			

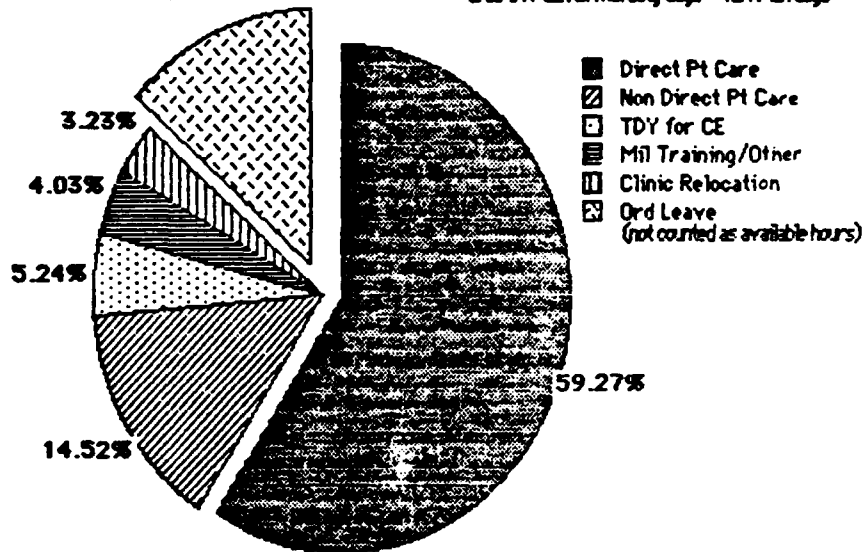
HSBK-PCO OPTOMETRY SERVICE, FIRST YEAR REPORT

A	B	C	D	E	F	G	H	I	J
1	NO SHOWS (NS)								
2	NS= NO SHOWS	Pt Vis= Patient Visits	WI= Walk-ins	%NS= NS divided by (NS + Pt Vis - WI)					
3									
4									
5									
6	TAMC Clinic								
7	May	25	299	75	10%	36	272	66	15%
8	June	38	356	134	15%	53	339	67	16%
9	July	11	278	85	5%	23	167	31	14%
10	August	23	410	61	6%	19	187	45	12%
11	September	16	322	43	5%	43	286	38	15%
12	October	18	171	39	12%	41	312	44	13%
13	November	31	225	55	15%	58	392	55	15%
14	December	12	237	19	5%	44	295	27	14%
15	January	22	262	46	9%	61	305	39	19%
16	February	33	365	88	11%	68	461	59	14%
17	March	15	250	44	7%	53	457	74	12%
18	April	28	210	44	14%	46	333	80	15%
19	Totals	272	3385	733	9%	545	3806	625	15%
20									
21	Schofield Clinic								
22	May	61	629	196	12%	24	435	227	10%
23	June	58	752	270	11%	36	597	227	9%
24	July	85	799	272	14%	60	714	234	11%
25	August	104	844	202	14%	50	871	231	7%
26	September	52	951	206	7%	100	663	214	18%
27	October	59	784	196	9%	97	767	170	14%
28	November	59	662	194	11%	65	734	246	12%
29	December	57	669	242	12%	69	474	170	18%
30	January	56	713	246	11%	70	718	264	13%
31	February	64	722	252	12%	101	818	264	15%
32	March	52	710	239	10%	74	796	220	11%
33	April	54	643	210	11%	82	649	220	16%
34	Totals	761	8878	2725	11%	828	8236	2687	13%
35	TAMC + SB TOTALS	1033	12263	3458	11%	1373	12042	3312	14%

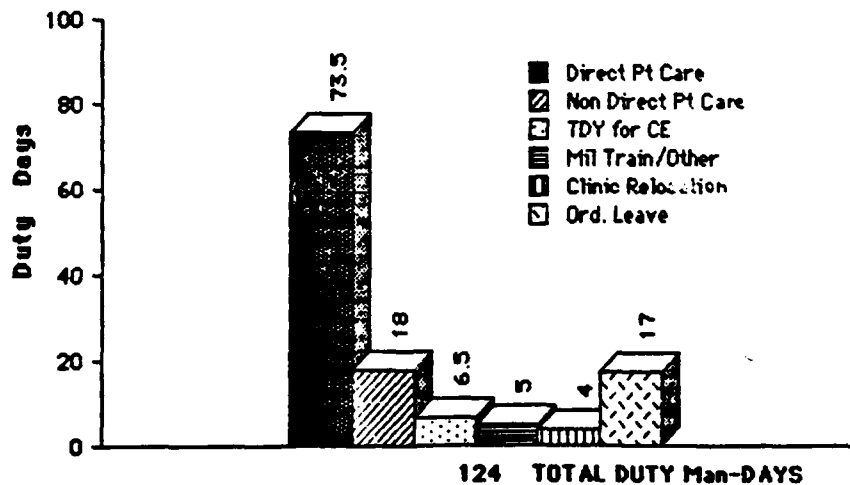
Optometrists Normal Duty Time Distribution, TAMC Clinic, Jan-Mar 89

13.71%

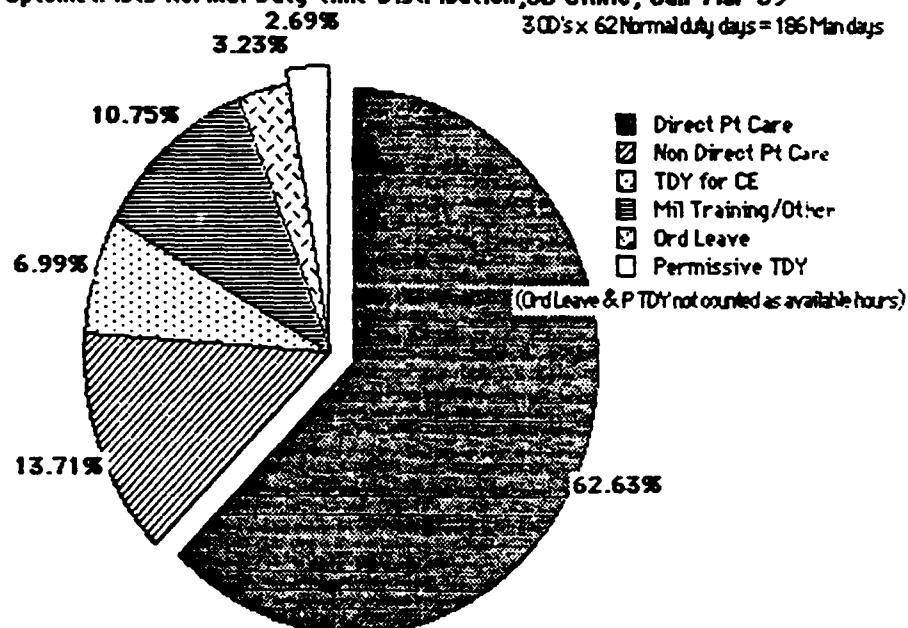
20D's x 62 Normal duty days = 124 Man-days



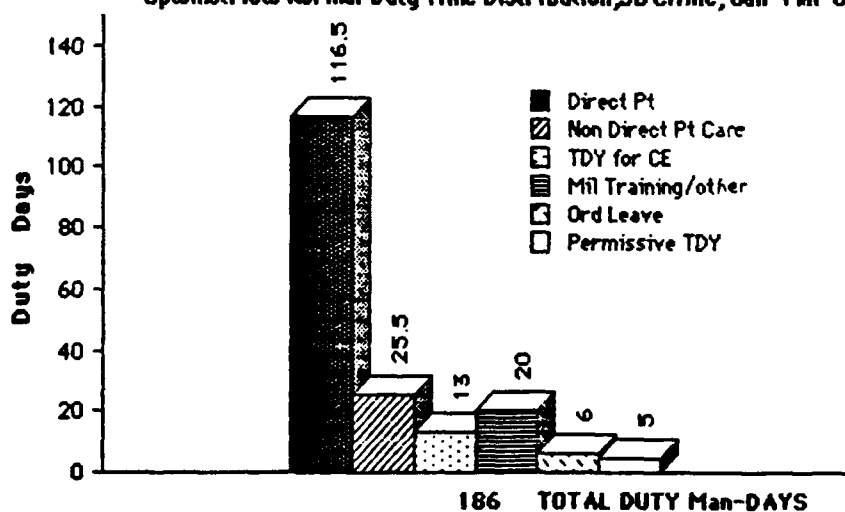
Optometrists Normal Duty Time Distribution, TAMC Clinic, Jan - Mar 89



Optometrists Normal Duty time Distribution, SB Clinic, Jan-Mar 89



Optometrists Normal Duty Time Distribution, SB Clinic, Jan-Mar 89



Comparison of various measures, "yardsticks". 1st year Optometry Svc. vs. Previous year

TABLE: "YARDSTICKS"	TAMC Clinic	SB Clinic	TAMC+SB
Patient Visits	↑ 12%	↓ 7%	↓ 1%
Work Units	↑ 8%	↓ 3%	no change
Available Hours, Optometrists	↑ 32%	↑ 5%	↑ 12%
Non-Direct Patient Care, all staff	↑ 10%	↑ 5%	↑ 7%
Patient NO SHOWS	↑ 5%	↑ 2%	↑ 3%
Patient Satisfaction HSC surveys CG comment cards, Patient Rep and IG feedback	no change, same high levels of positive responses		
Adverse Patient Outcomes	no change, none.		
Optometric Services Available(in addition to basic vision exams including "refractions". Contact Lens Care Occupational Vision Services School Vision Screenings Visits to Johnston Island, KMC Big Island	increased		
Optometry Officers: Opportunity to manage Professional autonomy Morale	Significantly increased.		
Optometry involvement in management/utilization of the "shared" Ophthalmology receptionist and secretary. Typing support for Optometry.	decreased. virtually no typing support..	no change	
Ophthalmology control of Optometry Resources: Personnel Space Utilization Budget for supplies, small equipment, TDY CEEP and MEDCASE equipment requests	Significantly decreased/eliminated.		